Successful Treatment of an Early Barrett’s Adenocarcinoma in a High-Risk Patient with Portal Hypertension: The “Band and Leave” Strategy

Miguel Fraile-López1,2,3 Jacobo Ortiz-Fernández-Sordo3 Martin James3 Philip Kaye3 Krish Ragunath3

1 Department of Gastroenterology, Hospital Universitario Central de Asturias, Oviedo, Spain
2 Instituto de Investigación Sanitaria del Principado de Asturias (ISPA), Principado de Asturias, Oviedo, Spain
3 NIHR Nottingham Biomedical Research Centre, Nottingham University Hospitals NHS Trust and University of Nottingham, Nottingham, United Kingdom


Case Report

A 67-year-old male with a recent diagnosis of a biopsy proven moderately differentiated early adenocarcinoma arising from a short Barrett’s segment (Prague classification C0M1) was referred to our unit for endoscopic resection. He had history of stroke and compensated nonalcoholic steatohepatitis cirrhosis, Child-Pugh A (5 points), and Model for End-Stage Liver Disease score of 12 points. A computed tomography scan and endoscopic ultrasound was previously performed to exclude loco-regional and distant metastasis. Endoscopy revealed esophageal varices and a 5mm flat lesion (Paris Classification 0-IIb) located close to the gastrointestinal junction at 35 cm from incisors, 5 o’clock position over a variceal column (►Fig. 1). The case was discussed with the hepatology team and in the upper gastrointestinal cancer multidisciplinary meeting. Options including transinternal jugular portosystemic shunt stent to reduce portal pressure and perform endoscopic resection were considered. However, in view of the urgency to treat the cancer and the lesion being small, it was decided to adopt the “band and leave” strategy. The lesion was marked using an Argon Plasma Coagulation catheter and a single band (6 Shooter Saeed Multi-Band Ligator, Cook Medical, Ireland) was applied to the target lesion. The remaining esophageal varices were also treated in the same session with a total of five bands. After 6 months, endoscopy surveillance showed small varices and a scar with biopsies free of malignancy (►Fig. 1). At the time

ISSN 0976-5042.
of the patient is still alive and recurrence free.

Endoscopic band ligation is the preferred endoscopic technique for endoscopic treatment of acute esophageal variceal bleeding and secondary prophylaxis. “Band and leave” strategy has been described for endoscopic treatment of small submucosal tumors, avoiding resection and thus the risks of perforation and bleeding associated with the conventional endoscopic resection techniques.\(^1\)–\(^3\) Salord et al also described a case report using this technique for the removal of a T1 esophageal squamous tumor.\(^4\) The tight rubber band causes ischemic necrosis followed by spontaneous sloughing and re-epithelization. Size of the tumor and esophageal fibrosis from previous banding can represent a limitation for this technique since it may not achieve complete ischemia of the target lesion and subsequent relapse or difficulty in including the entire lesion within the band. To our knowledge, this is the first case report of a successful treatment of an early esophageal adenocarcinoma in a patient with underlying esophageal varices. We propose this technique as an alternative therapeutic option for the management of early Barrett’s neoplasia in such high-risk patients with portal hypertension.

Authors Contribution
All authors participated in the conception and design of the work.

Conflict of Interest
None declared.

Acknowledgment
To the patient, who kindly gave us permission for publication.

References